

<b>Case Number:</b>	CM15-0029587		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male, who sustained an industrial injury on 5/5/08. He has reported low back and upper right leg injury. The diagnoses have included lumbosacral spondylosis, backache, lumbago, neuralgia, radiculopathy, low back pain and lumbar spondylosis. Treatment to date has included oral medications, cane for ambulation and home exercise program. X-rays performed on 6/25/14 revealed increase in lumbar lordosis, severe degenerative disc and bony changes greater in the upper lumbar region, slight retrolisthesis L1 on L2 and L2 on L3 and anterior spondylolisthesis L4 on L5. Slightly greater retrolisthesis L3 on L4, the alignment is unchanged in flexion and extension. Currently, the injured worker complains of low back pain with sweating. Physical exam dated 1/16/15 noted he was able to change positions from sitting to standing without assistance and normal tone was noted in lower extremities. On 1/28/15 Utilization Review non-certified lab studies (anti-nuclear antibody, CBC with differential, comprehensive metabolic panel, folate, Rheumatoid factor, SED rate, thyroid function, Vitamin B12 and MMA, heavy metal screen, SPEP, fasting blood glucose), noting the criteria have not been noted in the medical records; 1 ankle brachial index, noting the injured worker does not exhibit the majority of the signs of PAD and Gabapentin 300mg #150 with 2 refills modified to 1 1week prescription 300mg #21, noting this is for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/18/15, the injured worker submitted an application for IMR for review of lab studies (anti-nuclear antibody, CBC with differential, comprehensive metabolic panel, folate, Rheumatoid factor, SED rate, thyroid function, Vitamin B12 and MMA,

heavy metal screen, SPEP, fasting blood glucose), 1 ankle brachial index and Gabapentin 300mg #150 with 2 refills modified to 1 1week prescription 300mg #21.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 Lab Studies: Anti-Nuclear Antibody, CBC with Differential, Comprehensive Metabolic Panel, Folate, Rheumatoid Factor, Sed Rate, Thyroid Function, Vitamin B12 and MMA, Heavy Metal Screen, SPEP, Fasting Blood Glucose: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines NSAIDs, specific drug list & adverse effects, page(s) 70.

**Decision rationale:** The ACOEM guidelines state the following regarding lab tests for diagnosis: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical documents do not detail a medical impression of inflammatory or autoimmune disease that would warrant a these labs. As such, the request for Labs to include anti-nuclear antibody, CBC with differential, comprehensive metabolic panel, folate, Rheumatoid factor, SED rate, thyroid function, Vitamin B12 and MMA, heavy metal screen, SPEP, fasting blood glucose is not medically necessary as written.

**1 Prescription of Gabapentin 300mg #150 with 2 Refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The ACOEM guidelines state the following regarding lab tests for diagnosis: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical documents do not detail a medical impression of inflammatory or autoimmune disease that would warrant a these labs. As such, the request for Labs to include anti-nuclear antibody, CBC with differential, comprehensive metabolic panel, folate, Rheumatoid factor, SED rate, thyroid function, Vitamin B12 and MMA, heavy metal screen, SPEP, fasting blood glucose is not medically necessary as written.

**1 Ankle brachial Index:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline:  
<http://www.ncbi.nlm.nih.gov/pubmed/14970108>.

**Decision rationale:** The ankle brachial index is the ratio of the blood pressure in the lower legs to the blood pressure in the arms. Compared to the arm, lower blood pressure in the leg is an indication of blocked arteries (peripheral vascular disease or PVD). The ABI is calculated by dividing the systolic blood pressure at the ankle by the systolic blood pressures in the arm. The employee's treating physician is trying to diagnose or rule out peripheral vascular disease and test will aid in that. Therefore, the request for 1 ankle brachial index is medically necessary.